

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44691

Entity Name: GOLDEN ORTHOPAEDIC KNEE AND SPORTS MEDICINE
CENTER, INC.**Current Principal Place of Business:**9970 CENTRAL PARK BLVD S.
SUITE 300
BOCA RATON, FL 33428**Current Mailing Address:**818 NE ORCHID BAY DRIVE
BOCA RATON, FL 33487**FEI Number: 65-0169490****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOLDEN, MARC D.
818 NE ORCHID BAY DRIVE
BOCA RATON, FL 33487 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	GOLDEN, MARC DR.
Address	818 NE ORCHID BAY DRIVE
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	KEPHART, CURTIS DR.
Address	818 NE ORCHID BAY DRIVE
City-State-Zip:	BOCA RATON FL 33487

Title	TREA
Name	GOLDEN, JULIE
Address	818 NE ORCHID BAY DRIVE
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	KRANTZOW, MICHAEL B DR.
Address	9970 CENTRAL PARK BLVD S. SUITE 300
City-State-Zip:	BOCA RATON FL 33428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE GOLDEN**TRES****06/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date